

ARANESP PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 6 months or 1 year, depending on diagnosis

NOTE: *Depending on diagnosis, providers need to be prepared to provide documentation of hemoglobin levels or endogenous erythropoietin levels.*

PA CRITERIA:

- ❖ The following are approvable member diagnoses
 - Anemia associated with chronic renal failure
 - Anemia in cancer patients caused by chemotherapy
 - Anemia due to myelodysplastic syndrome

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.